

CALIFORNIA'S HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

SAN FRANCISCO 2, 760 MARKET STREET

ENTERED AS SECOND-CLASS MATTER JAN. 25, 1949, AT THE POST OFFICE AT SAN FRANCISCO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE APPROVED FOR IN SECTION 1103, ACT OF OCT. 3, 1917.

VOLUME 11, NUMBER 1

JULY 15, 1953

WILTON L. HALVERSON, M.D.
DIRECTOR OF PUBLIC HEALTH

STATE BOARD OF PUBLIC HEALTH

DR. CHARLES E. SMITH, President
San Francisco

DR. JAMES F. RINEHART, Vice President
San Francisco

DR. ELMER BELT
Los Angeles

DR. HARRY E. HENDERSON
Santa Barbara

DR. SANFORD M. MOOSE
San Francisco

DR. ERROL R. KING
Riverside

DR. SAMUEL J. McCLENDON
San Diego

DR. WILTON L. HALVERSON,
Executive Officer
San Francisco

ANN WILSON HAYNES, Editor
ALTON E. WILSON, Associate Editor

Public Health Legislation in 1953 State Legislature

The 1953 Session of the Legislature, just adjourned, set an all-time high for bills introduced and passed but enacted relatively few laws of significance and interest in the field of public health. The keynote of this session of the Legislature was economy and proposals involving additional expenditures were scrutinized very closely. Some legislative proposals sponsored by public health groups failed of passage; among them were proposals relating to the control of rabies, requiring the pasteurization of all market milk, controlling the feeding of garbage to swine, and providing local financial subsidy for the care of seniles and aged persons.

Following is a summary of the most significant measures of interest in the field of public health. Those bills marked with an asterisk were awaiting action by the Governor as of July 2d, when this copy was prepared. Bills not so marked had already been approved by the Governor.

S.B. 777—Local Public Health Service. One of the most important legislative proposals of the State Department of Public Health and the Conference of Local Health Officers, this bill authorizes the State Department of Public Health to organize and conduct local public health services in areas not now approved for state financial subsidy. It provides that the department may either conduct such services directly, or by contract, or by some combination of these methods. Such local public health service must be requested by the board of supervisors of a county and requires a contribution by the county of not less than 55 cents per capita; this legislation applies only to counties which have a population of 40,000 or less. It is believed that this legislative authorization may provide the means whereby local public health services may be extended to many of the 16 counties which have not qualified for assistance under other provisions of law.

These rural areas of the State present a real problem in the provision of essential public health services. Although the resident population of the area represents only 3 percent of the total state population they should be afforded the same public health protection as other citizens. These counties also contain some of the major recreational areas of the State which attract large numbers of visitors throughout the entire year.

Under the State Public Health Assistance Act of 1947, which added Chapter 8 to the Health and Safety Code, state funds were made available to the governing bodies of cities and counties to augment and improve public health services. These funds are not available unless a health department is maintained that meets definite standards. Since none of these 16 counties could qualify for the assistance funds available to them (amounting to about \$172,000 a year) these funds were unused.

With the addition to the Health and Safety Code of the new Section 1157, authorized by S.B. 777, boards of supervisors may enter into a contractual agreement with the State Department of Public Health for the provision of organized public health services. This new section of the code now permits utilization for this purpose of the public health assistance funds for which these counties had previously been ineligible, and the minimum necessary contribution of local funds of 55 cents per capita is established. Acceptance of such a plan is optional on the part of the county, and the extent of services to be rendered would be agreed upon by the board of supervisors and the State Health Department. The pattern of service furnished under such a contract would be mutually agreed upon by the board of supervisors in each county and the State Department of Public Health, and would be designed to meet the particular local needs and problems in each county.

Since the passage of this enabling legislation several of these 16 counties have shown active interest in securing such public health services.

S.B. 1429*—Leave of Absence for Foreign Service. This bill was suggested by the State Department of Public Health and makes possible on a permissive basis, leaves of absence for as long as two years, to enable state and local personnel to accept temporary assignments with the United States Government for participation in a technical cooperation program in a foreign country. One of the problems in recruiting candidates for this important and patriotic international program has been the difficulty of securing release from present positions. The bill is limited to a two-year period. It is believed that this legislation will enable California to take a more vital part in the TCA activities.

A.B. 2912*—Board of Public Health. The State Board of Public Health is increased in membership from seven to nine appointive members by this act. The present membership of the board is made up of the director, six physicians and one dentist. The two new members created by this bill are "undesignated" and can be appointed by the Governor from any group.

Hospitals. Facilities for the treatment of human illness may hereafter use the name "hospital" only if they are subject to the provisions of the Hospital Licensure Act under A.B. 459.

Another bill, A.B. 558, provides that the State Department of Public Health shall prescribe standards for public hospitals where public assistance payments are made in behalf of patients. Following passage of this bill the State Board of Public Health adopted regulations applicable to public medical institutions at its meeting of May 26, 1953. Effective July 1, 1953, county hospital units will require licensure as public medical institutions where all patients, except tuberculous, mental, and custodial are accommodated. Portions of county hospitals accommodating these three categories are exempt from licensure, though they will continue to be subject to architectural plan review, field visits and reports, as they were prior to the passage of A.B. 558.

S.B. 1770—Clinics and Dispensaries. This bill rewrites the Clinic and Dispensary Act, the most significant change being that new private pay clinics will not be licensed. Private pay clinics presently licensed will be continued under licensure. A companion bill amending the Medical Practice Act was also passed (S.B. 1349). This amendment permits group medical practice to be conducted under the name of one or more physicians followed by the words "medical group."

Tuberculosis. A.B. 969 eliminates the requirement that a city, county, or city and county, must maintain a tuberculosis ward or a tuberculosis hospital in order to qualify for state tuberculosis subsidy. The effect of this bill is to make it possible for counties without county sanatoria to be subsidized for the care of tuberculosis patients even if all of such patients are cared for under a contractual arrangement by private institutions. Previously, such patients in private institutions could be subsidized only on an "overflow" basis.

S.B. 724 gives the local sheriff authority to return to the place of residence tuberculosis patients who have been confined as recalcitrants at the state facility provided for that purpose. Heretofore there has been no established legal method whereby such patients could be returned to their home public health jurisdiction upon release. The bill further provides that individuals may be confined for a period of one year for convictions after the first conviction, the initial detention being limited to six months.

S.B. 839, relating to the amount of tuberculosis subsidy, retains the present amounts of from \$1.75 to \$2.60 per patient day as a minimum, but provides that if the Legislature appropriates additional amounts, such additional amounts may be paid to the counties for the care of tuberculosis patients. The bill further establishes a state policy of varying the subsidy in proportion to changes in the cost of care.

S.B. 1343—Laboratories. This bill changes the basis of fees charged laboratories which use animals in their operations. The result of this legislation is to reduce the financial burden upon the smaller laboratories which are using animals. Under the bill the annual fees range from \$5.00 for facilities which use 500 or less animals per year, to a fee of \$200 for facilities which use 2,500 or more animals per year.

A.B. 3095—Mosquito Subvention. In this bill the Legislature appropriated \$300,000 for financial assistance to local mosquito abatement districts and local public health agencies for the control of mosquitoes and gnats. With the \$400,000 already approved in the budget, a total of \$700,000 is available for this purpose during the fiscal year beginning July 1, 1953, if this act is approved by the Governor.

Sanitation. A.B. 660* relates to sanitation in jails and places of detention and provides that the health officer may inspect such detention facilities, and upon the request of the sheriff or local governing body, must inspect them, and make a report of the health and sanitation conditions.

A.B. 2276 repeals the present general sections of the code relating to ice and adds detailed provisions for the control of the purity of ice.

S.B. 528—Milk Dispensing Devices. The use of milk dispensing devices which have been approved by the Department of Agriculture is authorized by this bill. Such milk dispensing devices must be installed and located in a place and manner acceptable to the local health authority.

Vital Statistics. A.B. 367 authorizes the State Registrar of Vital Statistics (the Director of Public Health) to call into conference the local registrars of vital statistics or their chief deputies, not more often than once a year, at local expense, to discuss vital statistics registration problems. The bill is written so that it will include county recorders in such meetings.

A.B. 1263 eliminates the requirement that each city having 5,000 or more population shall be a separate vital statistics registration district.

S.B. 54* reverses the legislation adopted in 1951 and requires that copies of death certificates sent to county recorders shall be complete; that is, shall include the medical cause of death.

A.B. 3475—State Building Standards Commission. A State Building Standards Commission, of which the Director of Public Health will be a member, is established by this act. It provides that this commission shall publish a single code of administrative regulations of all state agencies defining building standards, to the end of eliminating possible duplication or conflict between such state building requirements.

An *Interim Committee on Public Health* was created by the Assembly, to serve until the 1953 legislative session, and was directed to study hospital districts, operation of ambulances, fluoridation of water, massage establishments, revision of the coroner system, as well as any other matters related to public health.

Copies of any bills may be secured by writing to the Legislative Bill Room, State Capitol, Sacramento.

1953 Public Health Nursing Count Lists 2,301 Employed in State

The number of nurses engaged in public health nursing in California continues to increase. As of January 1, 1953 the total number of nurses employed by state and local agencies was 2301. The total number of agencies employing public health nurses was 464. The table below shows the comparison of this year's figures with those of last year, as well as 10 years ago.

Types of Agency	Number of Agencies			Number of Nurses		
	1943	1952	1953	1943	1952	1953
State -----	3	1	1	20	19	18
Local -----						
Health departments	38	53	54	548	986	1033
Boards of education	247	346	381	537	980	1049
Other official agencies	15	2	3	24	5	7
Visiting nurse association	49	29	25	163	210	194
Total -----	352	431	464	1292	2200	2301

It will be noted that while the number of Visiting Nurse Associations has decreased, the number of Boards of Education employing nurses has increased. For the first time since 1940 the number of nurses employed by Boards of Education exceeds those employed by Health Departments.

Information in regard to the educational qualifications of nurses engaged in public health nursing in California was obtained from 96.9 percent of the nurses employed. Forty-nine and three-tenths percent of the nurses included in the study of qualifications have completed an accredited university program of study in public health nursing. The comparable figure for 1943 was 57 percent and for 1952 was 48.8 percent.

Toward Understanding Mental Illness*

ROBERT M. GOLDENSON, Professor of Psychology, Hunter College, New York; Member of U. S. Mental Health Education Commission, International Congress for Mental Health.

WHAT IS NEEDED IS MORE INFORMATION ON THE POSITIVE SIDE OF THE PICTURE. THIS IS WHERE THE EDUCATION FILM COMES IN

In the past few years the readers of popular magazines, and that means practically everybody, have been deluged with article after article about the sad state of our mental hospitals. The general conclusion indicated by these exposés is that the average mental patient is treated in only one way—badly. It cannot be denied that the lurid pictures and descriptions have awakened public interest in the frightful conditions that are found in many of our institutions. But with this positive value there goes an undeniable disadvantage. Thousands of readers come away from these articles with the feeling that their worst fears are justified — that the mental institution is not a hospital for treatment but a prison for punishment or at most an asylum for custodial care. They become more determined than ever that no member of their family shall be trapped behind those stoney walls, and all our efforts at educating the public about mental illness are forgotten.

What is needed is more information on the positive side of the picture. And this is where the educational film comes in. Not warped by a highly competitive market that thrives on exaggeration and one-sidedness, and not goaded by the insistent demands of a highly inflated circulation, the educational film producer is in a position to offer a balanced, rounded view of his subject. His thinking is and must be of the long-range kind, since his product is not offered on the newsstands for a few days but must be circulated for months and years to come.

Just what should this more balanced thinking include? What specific ideas can the educational film producer get across to his public? First, let's look briefly at mental health as a positive concept, then at mental illness and its treatment. Surely the producer can show that mental health is neither mysterious nor complicated—that it is simply a condition of well-being in which the person has a fairly accurate conception of himself, a realistic attitude toward people and events, and an ability to meet the ordinary demands of life both at home and on the job. It does not, however, imply a constant state of equanimity in which the person is utterly at peace with himself and those about him, never disturbed or distraught. It is quite

normal to be occasionally off-center and out of "adjustment," particularly when life is tense and troubled. But if this condition persists, if definite symptoms develop and interfere with one's ability to carry on, then professional help is needed.

All this can be depicted with fullness and accuracy on film—not with the aim of teaching the public to diagnose developing disorders, but to suggest everyday preventive measures and to develop an awareness of when diagnosis might be necessary. Moreover, it is just as important for people to know when they do not need actual psychiatric attention as when they do; for in many instances a family physician, an understanding teacher or friend or clergyman can give the help that is required.

The need for further education on the deeper forms of mental illness is beyond question. The facts are that it strikes one out of five families, that one out of 20 spends some part of life in a mental institution, and that half the hospital beds in the country are occupied by mental patients. But to the writer's way of thinking, films on this vital subject should avoid a facts-and-figures approach and concentrate instead on attitudes and understanding. For the great majority of people are still afflicted with appalling ignorance and superstition about disorders of the mind, and the idea that mental trouble is a form of sickness has not penetrated very far.

Here is a sampling of half a dozen basic points that might be graphically illustrated on film: (1) mental illness does not strike "out of the blue," but follows a long history of faulty home relationships, internal strains and conflicts, or occasionally organic defect; (2) early treatment has a far greater chance of success than delayed treatment; (3) the average mental patient is not "out of his mind" but is struggling to overcome disturbed emotions, and frequently quite "normal" procedures such as sedatives, arts and crafts and social life will help him; (4) the place where he receives treatment is a hospital, not a prison, and an active attack will be made on his illness; (5) the great majority of mental patients (perhaps four-fifths) recover sufficiently to be discharged and return to everyday life. It is well to remember the statement of one of America's outstanding psychiatrists, Dr.

* Reprinted from the November, 1952, issue of *Educational Screen*, by special permission.

Karl Menninger: "There is probably no other group of illnesses in any specialty which has a higher record of recovery than the psychiatric ones."

Films for nonprofessional audiences should, I believe, concentrate on the big things and let the details be brought out in the discussions that should follow the showing. They should aim at recognizing symptoms, not rationalizing them—at showing the how but not the why of treatments—at indicating that mental illness is caused without tracing each antecedent in detail. Similarly, producers might well curb their dramatic impulses for fear of arousing anxiety and be content to show the bare outlines of a breakdown instead of playing it out in all its grim detail.

Has this positive yet discreet approach been applied to the problem of mental illness? I believe it has, most decidedly, and it so happens that we have not one but two recent and shining examples. The British Information Services film *Out of True*¹ vividly depicts a severe mental breakdown, adjustment to institutional life, a variety of treatment procedures, and subsequent recovery—yet, despite the fact that it takes the audience within the barred windows of an actual mental hospital, it is a satisfying and even a reassuring experience for the viewer. *Breakdown*,² its counterpart from the Canadian Film Board, runs a somewhat parallel course, but spends more time on the precipitating phases of the disorder and goes into somewhat more detail on specific treatments and their rationale. For reasons that will be considered shortly, this film, while generally excellent, has a somewhat more limited utility than the British production.

Out of True has the extraordinary merit of treating this explosive subject without arousing more anxiety than it relieves. The reason seems to be that it tells its story in simple, familiar—one might say, normal—terms. There is no insistent narrator's voice driving home points; instead, we see the mental hospital through the eyes of the patient and her family as a personal experience. The characters are everyday people, devoid of the glamour of Hollywood. The precipitating cause of the breakdown itself has a familiar ring, involving as it does home pressures and in particular a domineering mother-in-law. Yet, as the story line develops, the situation is found to differ enough from the average in-law relationships to prevent the audience from wondering and worrying that this might happen to them.

The mental institution itself is neither strange nor frightening. It is a hospital in every sense of the word and most of the treatments have a familiar ring. The drug to help Molly talk it out, the sedative to calm

her nerves, the gym class and group discussions—all are associated with ordinary physical disease and convalescence and can be readily accepted by the viewer. Even the "electrical treatment" is not disturbing, partly because it is shown only briefly, partly because the scare word "shock" is avoided. Nevertheless the usual worries about this treatment are not ignored, and the husband's questions about loss of memory and change of personality are answered simply and clearly.

Even more striking is the relationship between Molly and another patient, Betty. We watch Molly gaining strength by giving strength, achieving self-understanding through insight into another person, and we begin to realize that mental illness is not so bizarre and outlandish after all. This perhaps is the real message of the film.

Breakdown is a skillfully produced film and dramatically effective, but its audiences should be more limited to those who have some grounding in the subject. This is not because of inaccuracy, but because the film goes into rather more detail than is desirable for the average lay audience. For instance, while the attempted suicide in Molly's story is not shown in detail, but reported by other people, the disturbed behavior of Ann in *Breakdown*—particularly when she smears mud over her face—is played out in harrowing detail. Similarly, we learn from a simple phrase that Molly's feelings of guilt and hatred have been bottled up "for months and months," while Ann's morbid suspicions and hallucinations are dramatically portrayed. These details—plus the insistent narration that attempts to give the rationale of such treatments as insulin therapy and argues for improvement of conditions—tend to overload the viewer's mind and emotions, and the over-all effect is likely to be upsetting for many. Both films, it may be added, should be shown in the presence of an experienced leader who is well-versed in psychiatry, and there should be ample opportunity for discussion afterward.

A further value of these two films is the ease with which they can be integrated with films on preventive psychiatry. In *Out of True* the story suggests that Molly's basic difficulty stems from her relationship to her mother rather than to her mother-in-law, and indicates the presence of a rigid and long-standing personality pattern: "She's the sort that'd start her spring cleaning the day after she came home from having babies." In *Breakdown*, the patient's difficulties are traced to a rigid perfectionistic family. To clarify such background factors as these, and to focus attention on prevention, it would be desirable to show both films as part of a series of mental health films,

¹ Available from the California State Department of Public Health film library. See description in this issue.

rather than as a one-shot affair. The recent releases² of the International Film Bureau, sponsored by the Mental Health Film Board, are especially commendable, since they match these films not only in subject-matter but also in authenticity and production values. *Fears of Children*² shows how normal fears may be aggravated by an over-protective mother and an over-severe father, and how they may be modified by the parents themselves. *Angry Boy*² portrays a more acute disturbance, affording insight not only into the mechanics of emotion but into the workings of a mental hygiene clinic. *Farewell to Childhood*² shows the trials and tribulations of a typical adolescent girl and the way her parents can keep pace with her growth, while *Steps of Age*² carries the note of prevention and preparation to the period of advancing years. Together these films give a thought-provoking answer to the question that any film on mental breakdown inevitably raises: How could this condition have been avoided?

In discussing the "Great Lacks in Mental Health" in a recent issue of the New York Times Magazine, Oren Root, President of the National Association for Mental Health, asserted that "lack of public understanding is *** the most serious of all our deficiencies in the treatment of mental illness. *** The problem here, clearly, is to bring the whole subject out from the cobwebs and from under the beds where it has reposed for so many centuries into the light of day where it can be looked at and discussed openly and fearlessly." As one who has viewed scores of films in the mental health field, may I add my own sincere hope that both *Out of True* and *Breakdown* will be "looked at and discussed" at least as widely as those magazine articles that show only the negative side of mental institutions. To be well-informed, and to know the directions in which improvement should be made, the public must see and understand the whole picture of today's number one health problem.

John J. Sippy Award Presented to Dr. Lester Breslow

The coveted John J. Sippy Award, presented by the Western Branch, American Public Health Association, for "meritorious services in the field of public health" was awarded to Dr. Lester Breslow, Chief of the Bureau of Chronic Diseases, at the annual meeting of Western Branch in Los Angeles, June 10th-13th. Dr. Breslow, who last year served as Director of

Studies for the President's Commission on Health Needs of the Nation, has been with the California State Department of Public Health since 1945. It was in that year that the Bureau of Chronic Diseases was established and he has since directed this phase of the department's program.

Dr. Breslow's contributions to the field of chronic disease and geriatrics have been evidenced in numerous programs instituted in recent years. In 1948 the department participated in the Nation's first multiphasic screening program, held in San Jose. This concept has since been widely accepted in other parts of the Country. In 1949 Dr. Breslow carried out a Chronic Disease Investigation in California for the State Legislature, a study which pointed up the problems of chronic illness and the program needs for this State. In 1951 he served as coordinator for the Physical Health Division of the Governor's Conference on the Problems of the Aging. During the past two years his bureau has been conducting a Morbidity Research Project in the San Jose area to study illness among the general population. Valuable data which may provide leads for new clinical research and improved methods of cancer control have been compiled since a tumor registry was set up by the bureau with cooperating hospitals throughout the State in 1946.

Dr. Breslow is currently president of the Public Health Cancer Association of America and serves as technical adviser to the Commission on Chronic Illness, a national agency founded in 1948 to study the problems of integrated community action in the field of chronic disease.

The John J. Sippy Memorial Fund was established by Western Branch in 1949 in tribute to one of the Country's most distinguished health officers. Dr. Sippy served as health officer for the San Joaquin Local Health District from its inception in 1923 to within two weeks of his death in 1949.

The John J. Sippy memorial observance in 1950 and 1952 took the form of an annual lecture at the Western Branch meetings by an outstanding public health figure in the western area. This year the John J. Sippy Memorial Fund Committee decided to substitute the annual award for the lecture. Dr. Walter Brown, of Palo Alto, chairman of the committee, presented the plaque to Dr. Breslow. It is the plan of the committee beginning in 1954 to accept nominations for the award from public health affiliate organizations and individual members in the area where the next annual meeting is to be held. Next year's meeting is to be held in Seattle, and the 1955 meeting will be held in Phoenix.

² Available from the California State Department of Public Health film library. See descriptions in 1953 catalog. Two new films in this "Emotions of Everyday Living" series were recently added to the library: *First Lessons and Roots of Happiness*—the former is in the 1953 catalog; the latter is described in this issue.

Film Catalog Supplement

The following films, filmstrips, and records have been added to the lending library of the State Department of Public Health since the publication of the 1953 film catalog. You may wish to clip this supplement and place it in your catalog. If you do not have a catalog, copies are available from your local health department, or if you live in a part of the State without the services of a full-time health department, a copy can be obtained directly from the Bureau of Health Education, California State Department of Public Health, 760 Market Street, San Francisco 2.

GENERAL SECTION

16 mm. Films

Cancer

The Warning Shadow Color. 17 minutes 1953

Sponsored by the American Cancer Society and the National Cancer Institute of the U. S. Public Health Service. This dramatic documentary film re-enacts the first successful pneumonectomy ever performed for lung cancer. It also shows in animation how lung cancer starts, how it spreads, and why physicians consider the "warning shadow" to be of such importance. Also presented are nine actual patients who have been cured of lung cancer by pneumonectomy and are now living normal, active lives. The film stresses that treatment for lung cancer no longer constitutes the risk it formerly did. It is designed to persuade men over 45 to have a chest X-ray twice a year. A physician should be present at showings to lead discussion and answer questions. "Background Information and Suggestions for the Doctor-Leader" accompany the film.

Handicapped Children

Children Limited Color. 30 minutes. 1952

Sponsored by the Children's Benevolent League of Washington and filmed with the cooperation of the Washington State Public Institutions. The film endeavors to document the problems, conditions and treatment of mentally deficient and retarded children. It illustrates the State of Washington's attempt to educate and train mentally deficient children for constructive roles in society, discusses the social taboos surrounding this condition and portrays the steps being taken to improve the limited world of these children. Suggested for general public, parent-teacher associations, civic groups and governing bodies.

Mental Health

Breakdown. 41 minutes. 1951

Produced by the National Film Board of Canada. The story of a young woman's schizophrenic breakdown, and of her recovery in a modern mental hospital. Presents the case of a seemingly well-adjusted young woman in an average home environment, and traces the disintegration of her personality to the point where she becomes separated from reality and causes great concern to her family and friends. In the mental hospital where she goes for treatment we see the scientific facilities and the application of psychiatric knowledge which make the patient's recovery in most cases only a matter of time. Daily hospital routines and treatments are also observed. Suggested for groups concerned with mental health or mental hospitals, and for general audiences with discussion guided by either an informed group leader or a professional person.

Broken Appointment. 30 minutes. 1953

This is the first in the Mental Health Film Board's "Professional Education" series. Presents the revealing confession of a young public health nurse who tells how she came to know that in handling a case successfully understanding a patient's feelings is as important as interpreting physical symptoms. Because it gives insight into human motivation, the film has a

significant message for everyone whose work involves dealing with people. Suggested for nursing and hospital personnel, public health workers, and other interested adult groups.

Out of Trouble.

41 minutes. 1951

Produced by the British Ministry of Information. This documentary film follows a typical case of mental illness, through to its conclusion. The story centers around a young woman who lives with her husband, two children and mother-in-law in a crowded flat. Little irritations become exaggerated, grow into a smouldering feeling of resentment toward her mother-in-law, and finally are expressed in a suicide attempt. At the mental hospital, Molly is given expert and sympathetic psychiatric treatment where the doctor helps her to work out and understand the reasons for her breakdown. Final sequences show complete restoration of mental health and her confident return to her family. Recommended for groups concerned with mental illness or mental hospitals; it is also suitable for general audiences if a professional person leads discussion.

Roots of Happiness.

25 minutes. 1953

Another of the Mental Health Film Board's "Emotions of Everyday Living" series. It is a film about family life and family relationships in Puerto Rico showing how the feelings that parents have for each other affect the emotional health of their children. Emphasis is given to the importance of the role of the father in the home. Suggested for parents, high school and college students.

Shyness.

23 minutes. 1953

Released by the National Film Board of Canada for the Mental Health Division, Department of National Health and Welfare. Discusses shyness in children, its causes and how to deal with it. From the lonely existence of a typically shy adult, the film turns to a study of three children. A psychiatrist from the child guidance clinic, studying their conditions, reveals the confidence-destroying demands of parents which predisposed the children to shyness. Together, teacher, psychiatrist and parents bring about a change in the children's attitudes. Recommended for teachers, parents, and groups interested in mental health.

Nutrition

Food As Children See It

Color. 18 minutes. 1952

This film pictures a talk by a nationally known child-feeding specialist to mothers of young children. Sequences of children eating illustrate the narrative without distracting the attention. Featured are (1) An ideal meal for preschool children (2) Common child-feeding problems and suggested solutions (3) Menu planning and food preparation for health and efficiency using the Basic 7 Food Groups. The dominant philosophy of the film is that meal times can be happy times for the family with young children if they remember to look at food from the child's point of view. Suggested for school and college home economics classes, PTA, women's clubs and church groups.

Foundation Foods.

Color. 10 minutes. 1953

The emphasis in this film is on the seven basic foods, with some reference to eating slowly, chewing thoroughly and eating all of the foods served. Brief sequences also touch upon sources and transportation of foods from growers to consumers. Suitable for elementary and junior high school classes, parent and teacher groups.

Understanding Vitamins.

Color. 14 minutes. 1952

Graphically explains what vitamins are, how they work, and why they are necessary for good health. Points out natural sources of important vitamins and reveals the effects on body tissues of a diet lacking in certain vitamins. Recreates the major events in the discovery of vitamins and calls attention to present day research. Suggested for high school and college biology classes.

Obesity

Obesity—Problems of Fat Formation and Overweight.

Color. 12 minutes. 1952

Illustrates the physiology of fat formation in the human body and analyzes physiological and psychological causes of overweight. Reveals ways in which body weight can be controlled.

and explains the danger of uncontrolled fat accumulation. Suitable for high school and college students, interested adult groups.

Personal Hygiene

Tommy's Day.

15 minutes. 1946

Follows a typical small boy through a day in his life during which he observes essential health habits. Major emphasis is placed upon the discovery of a loose tooth and its importance to the child. Film is intended to teach simple health habits and to provide the child with an orientation to a simple pattern of everyday life. Suitable for elementary school children, parents and teachers.

Professional Training

Keepers of the Lamp.

20 minutes. 1952

Produced by the Theatre Arts Institute in cooperation with the University of Pennsylvania School of Nursing and approved for use by the Committee on Careers in Nursing. Tells about four student nurses, why they picked nursing as a career, their nursing school days, and the field each chose; general duty, surgical nursing, public health, and military service. For vocational guidance with high school groups.

Sanitation

Safe Drinking Water From Small Water Supplies.

10 minutes

Shows how dug and driven wells in rural areas become contaminated and illustrates methods by which contamination can be prevented by using sealed wells and enclosed pumps. Suggested for rural home owners.

Venereal Disease

Look at a Stranger.

Color. 14 minutes. 1951

This is the Spanish language version of the film of the same title described on page 11 of the department's 1953 film catalog.

PROFESSIONAL SECTION

16 mm. Films

Cancer

Uterine Cancer: The Problem of Early Diagnosis.

Color. 21 minutes. 1952

Sponsored by the American Cancer Society and the National Cancer Institute. Illustrates the complete practicability of reducing deaths, particularly from cancer of the uterus and cervix, by adherence in general office practice to the routine pelvic examination of all adult women. The importance of smear studies is emphasized, as is the importance of conforming cytologic diagnosis by biopsy and histologic study. For use by medical societies, medical schools, and hospital staffs.

Industrial Hygiene

Industrial Exhaust Systems.

19 minutes. 1950

Sponsored by the University of Michigan, Department of Mechanical Engineering. Demonstrates with miniature models the types of hoods, baffles, elbows, and fans used in modern industrial exhaust systems and also shows them operating in manufacturing plants. Their comparative effectiveness is illustrated with an artificial smog produced by titanium tetrachloride, which enables one to see the amount of air control afforded by each hood and baffle. Stress is given to the importance of selecting the proper type of exhaust unit for the specific functions it must perform. Suitable for industrial engineering personnel, industrial hygiene and air pollution control groups, and students of mechanical and chemical engineering.

Maternal Health

Nurse Midwifery, Education and Practice.

Color. 35 minutes. 1952

Produced for the Maryland State Health Department. The medical and nursing care of a mother and a family into which a baby is born are presented in detail. The camera follows the

mother throughout her pregnancy, the labor and delivery at home, and the post-partal period. The nurse-midwife's encouragement of the mother during labor and delivery is well shown. Narration accompanying the action describes the mechanisms of the normal spontaneous delivery and the expulsion of the placenta and membranes as they occur. The care given the mother and baby immediately after delivery is shown and the careful examination of the newborn baby is explained just as it is being made. Normalcy of the childbearing process and responsive family relationships which foster the health of the family, are stressed in the film. Services of physicians, obstetrical and pediatric specialists, the health department and the modern laboratory in their respective roles of safeguarding the mother and the child are shown as well as the functions of the nurse-midwife. The educational training which prepared the certified nurse-midwife is also shown. For use by medical, nursing, and public health groups.

Mental Health

The Lonely Night.

62 minutes. 1952

One of the Mental Health Film Board's "Emotions of Everyday Living" series. Jointly sponsored by the Mental Health Authorities of the States of California, Connecticut, Delaware, Illinois, Maryland, Michigan, Nevada and Rhode Island. Depicts the effort of a young woman deeply troubled by emotional conflicts to understand her problem through the help of psychotherapy. Preventive mental health is exemplified in the contrasting story of two parents whose wholesome emotional attitudes help build a happy productive future for their children. Restricted until further notice to professional groups only.

Poliomyelitis

Nursing Care in Poliomyelitis.

1952

Part I. Low Spinal Polio, 28 minutes.

Part II. Bulbar Polio, 22 minutes.

Part III. Respiratory Polio, 30 minutes.

Each film is a unit in itself and may be shown individually or in sequence. Good for orienting student or graduate nurses, auxiliary workers or volunteers to the total nursing care of the patient with poliomyelitis.

Sanitation

Anopheles Census.

20 minutes. 1944

A Public Health Service Training Film. Portrays basic local entomological field procedures for an *Anopheles* mosquito census and the initiation of a control program. For vector control personnel.

Mosquito-proofing for Malaria Control. 10 minutes. 1946

A Public Health Service Training film. Presents detailed techniques of mosquito-proofing homes and stresses the reasons for and the economic and health benefits of such mosquito-proofing. For vector control personnel and groups interested in mosquito-proofing of homes.

FILMSTRIPS

Nutrition

Let's Teach Better Nutrition. Sound. 25 minutes. 1952

Demonstrates how a school community may develop a nutrition education program. It shows the planning and development of programs in Newton, Massachusetts; Rutherford County, Tennessee; and Ascension Parish, Louisiana. Many scenes are included from each of these school communities demonstrating teaching techniques and methods for nutrition education. Suggested for teachers, parents, school administrators, school physicians, nurses and community health workers.

Sanitation

How to Measure Deterioration in Dwellings.

92 frames. Sound. 13 minutes

Explains various types of deterioration found in dwellings and methods of judging and measuring such deterioration accurately, objectively and uniformly.

SLIDES

(2x2 Kodachrome Transparencies)

Heart Disease**Heart Disease.**

18 slides

Prepared by the Metropolitan Life Insurance Company. Charts and graphs illustrate most aspects of the heart disease problem. Descriptive key furnished with the series.

RECORDS**Safety****Little Songs for Living Longer.**

Two records, both sides, 78 rpm.

Produced by the Communications Material Center, Columbia University. Consists of 13 one-minute health and safety lessons set to lively tunes. Available for nonrestricted use on radio and television. They are especially appropriate for radio spots and disc jockey shows but would also be suitable for use in schools and industry.

Occupational Health Study Undertaken in Diatomite-producing Industry

Personnel of the California State Department of Public Health and the U. S. Public Health Service recently began examination of California workers at the Johns-Manville Products Corporation at Lompoc, as part of a study of dust exposures in the diatomaceous earth industry. This study, being conducted at the request of the diatomite-producing industries, will include over 1,000 workers at Lompoc and is expected eventually to include all important diatomaceous earth operations in the United States.

The diatomite-producing industry is of great importance in our present economy because these materials have become essential in numerous industrial processes. Diatomite is used extensively for filtration in the sugar, drug, and brewing industry and is of prime importance in heat insulation.

The objectives of the study are to ascertain the health hazards associated with the mining and processing of diatomites; to study the health of the workers in the industry with special attention to the presence or absence of lung diseases; and to develop methods which will prevent the occurrence of occupational diseases in workers of the diatomite-producing industries. The study will attempt to determine whether or not a correlation exists between medical findings and environmental findings.

Because of the complex nature of the diatomaceous earth found in different deposits and the variations

in processing methods, it may be several years or more before answers will be obtained to the questions posed by the study. Eight full-time and seven part-time professional investigators are participating in the study. Of the full-time investigators the State Department of Public Health is supplying a physician, a medical X-ray technician, and an engineer; of the part-time investigators the department is supplying a nurse, a statistician, and a chemist.

Public Health Positions

San Bernardino County

Public Health Nurses with the San Bernardino County Health Department. Applicants must be eligible for the California Public Health Nursing Certificate and must have a car. Starting salary \$311 or \$343, depending on the area served.

Registered Sanitarian. Salary range: \$311-\$378.

Further information about any of the above positions may be obtained from the Personnel Director, County Civil Service, 236 Third Street, San Bernardino.

San Diego County

Public Health Nurses. San Diego County Health Department has openings for staff public health nurses. Salary range: \$311-\$378. For further information write to J. B. Askew, M.D., Health Officer, San Diego Health Department, Room 0170, Civic Center, San Diego 1.

Butte County

Public Health Nurses. Butte County Health Department has two vacancies for nurses in a generalized program, including school health services. Public health nurse salary range: \$315-\$391; junior public health nurse range: \$283-\$251. Car furnished. For further details write Richard C. Murphy, M.D., Director of Public Health, 2430 Bird Street, Oroville.

Glenn County

Public health nurse for school program, including generalized public health nursing services. Salary \$4,200. Five-day work-week. Three weeks annual vacation. County car furnished. Applicants must have license as registered nurse and a California Public Health Nursing Certificate. Direct inquiries to Mr. E. T. Mapes, County Superintendent of Schools, Courthouse, Willows.

Alameda County

Public Health Nurse. Alameda City Health Department has a vacancy for a qualified public health nurse in a generalized program. Car furnished. Salary range: \$325-\$390. For further details contact Mrs. Helene J. Culver, Director of Public Health Nursing, Alameda City Health Department, 2226 Santa Clara, Alameda.

San Mateo County

Sanitarian. Salary range: \$332-\$415. Valid certificate as Registered Sanitarian in California required. Examination to be held in Redwood City. Closing date for filing: open. For examination application forms and further information apply: San Mateo County Civil Service Commission, Redwood City.

or
ons
art-
in
ate
an,
the
ing

alth
blic
ary

nay
ice,

ent
311-
.D.,
ivic

has
ling
315-
fur-
.D.,

ized
ork-
Ap-
rnia
Mr.
use,

as a
pro-
ther
alth
ara,

Reg-
held
ina-
San

53 BM